



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Ozols	Audrey	T.	602-795-2635
MAILING ADDRESS (Street)			FAX
6119 N. 3rd Avenue			602-795-2398
(City)	(State)	(Zip Code)	
Phoenix	Arizona	85013	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Wyeth		484-865-5134
MAILING ADDRESS (Street)		FAX
500 Arcola Road		484-865-6420
(City)	(State)	(Zip Code)
Collegeville	Pennsylvania	19426
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Elizabeth Z. Bartz, President		330-761-9960
MAILING ADDRESS (Street)		FAX
State and Federal Communications, Inc. 80 South Summit Street, Suite 100		330-761-9965
(City)	(State)	(Zip Code)
Akron	Ohio	44308

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) Pharmaceuticals
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

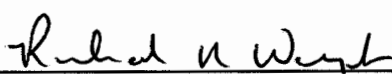
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Audrey T. Ozols:

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Richard N. Winget		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director, Government Affairs	
NAME OF ORGANIZATION (if applicable) Wyeth		TELEPHONE 484-865-5134	
MAILING ADDRESS (Street) 500 Arcola Road		FAX 484-865-6420	
(City) Collegeville	(State) Pennsylvania	(Zip Code) 19426	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
Richard N. Winget: 		12/20/04	
(Signature of Authorizing Officer or Person Represented)		(Date)	